

## **TESTIMONY REGARDING THE DEPARTMENT OF SOCIAL SERVICES BUDGET**

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I am Dr. Joanna Douglass, a pediatric dentist and associate professor at the University of Connecticut. I am here today to comment on the budget for the Department of Social Services (DSS), specifically the plan to limit adult dental Medicaid coverage only to emergency services.

Changing coverage for Connecticut adults directly impacts their children. One quarter of Connecticut children is on Medicaid. The percent of Connecticut children on Medicaid able to see a dentist was the lowest among ALL New England states. Less than half of those requiring treatment were able to receive it.

National research shows that low reimbursement rates are the primary reason for low provider participation in Medicaid. Connecticut's reimbursement fees were among the lowest in New England.

Last year, the Connecticut Legislature took great strides to alleviate this children's oral health care crisis. Funds were set aside to raise the reimbursement levels paid to dentists providing children's Medicaid services. These funds helped settle the long-running law suit, Carr versus Wilson-Coker, which concerned lack of access to dental care for children on Medicaid.

The long-term success of this settlement will be jeopardized by removing adult dental Medicaid services.

Mothers primarily determine whether children receive the dental care they need. Research shows that mothers receiving regular dental care are more likely to take their children<sup>1</sup>. Further, mothers receiving dental care typically have dental insurance. Insurance increases the likelihood mothers will take their children for care.<sup>2</sup>

A mother's dental health is among the most significant factors determining children's dental health. Cavities are caused by bacteria. These bacteria originate from the mother. The higher the bacteria levels in the mother, the more likely she is to pass them on to the child at an early age.<sup>3</sup> Children infected with bacteria from their mothers at an early age are very likely to develop cavities and require extensive treatment.

Mothers not only pass on their bacteria, but also their dietary habits, which can place children at further risk of dental problems. Research shows maternal dental care and education during pregnancy and preschool years help children attain better oral health and lifelong oral health habits.

These important links between maternal health and child health are recognized in many state and federal programs. Of particular note is the Early Head Start federal program, for which I provide oral health consultancy. This program requires that mothers and children obtain regular oral

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health care. Failure to ensure that mothers and children receive these services jeopardizes their federal funding.

We must provide the necessary Medicaid services for these families so they can receive required dental services and that these important federally funded programs remain intact in Connecticut.

Reinstating adult Medicaid dental services to the DSS budget ensures that we do not jeopardize the success of children's oral health services and that we maintain the integrity of other funded programs, such as Head Start, which require that enrollees receive oral health services.

If you have any questions, please contact me at [douglass@uchc.edu](mailto:douglass@uchc.edu) or 860 712 7311.

#### References

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